

Emergency Care Plan



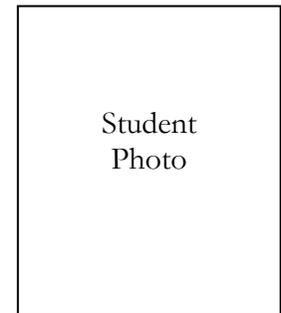
Sample

SEIZURE DISORDER

Student: _____ Grade: _____ School Contact: _____ DOB: _____
 Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____
 Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Tonic-Clonic Seizure:
 - o Entire body stiffens, jerking movements
 - o May cry out, turn bluish, be tired afterwards
- Absence Seizure:
 - o Staring spell, may blink eyes



STAFF MEMBERS INSTRUCTED:
 Administration

Classroom Teacher(s)
 Support Staff

Special Area Teacher(s)
 Transportation Staff

TREATMENT:

Clear the area around the student to avoid injury.
DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH
 Place student on side if possible, speak to student in reassuring tone
 Stay with student until help arrives

- Emergency Medical Services (911) should be called, student transported to hospital
 Preferred Hospital if transported: _____
- Emergency medication to be given by Nurse at onset of seizure
- Student should be allowed to rest following seizure, call parent

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus

Special instructions: _____

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

- Copy provided to Parent Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____